CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

the date of leaving office.

Election Year: .

☐ Candidate

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDL	E)	DAYTIME TELEPHONE NUMBER	
Zito	Renee			(016 \1) = 1010	
MAILING ADDRESS STREET (May use business address)	CITY	STATE	ZIP CODE	(916) 445-1943 OPTIONAL: FAX / E-MAIL ADDRESS	
1700 K Street	Sacramento	СА	95811	rzito@adp.ca.gov (916) 324-7338	
1. Office, Agency, or Cou	rt	4. Schedul	e Summa	ry	
Name of Office, Agency, or Court: Dept of Allohol +	Daug Programs	➤ Total numb including the	er of pages nis cover pag	ge: managaman	
Division. Board, District, if applicab	vie:	► Check appli interests."	cable schedu	ules or "No reportable	
Your Position Director		I have discle attached scl		on one or more of the	
▶ If filing for multiple positions, list additional agency(ies)/		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)			
position(s): (Attach a separate	sheet if necessary.)	Schedule A-	2	schedule attached	
Agency:		Schedule B	10% or greater Ov	nership) schedule attached	
Position:		Real Property	/		
2. Jurisdiction of Office (Check at least one box)	Schedule C Income, Loan and Travel Payn	s, & Business	schedule attached Positions (Income Other than Gifts	
State	mir to income we want	Schedule D	Yes –	schedule attached	
☐ County of —		Income - Gif	!5		
City of		Schedule E Yes – schedule attached Income – Gifts – Travel Payments			
☐ Multi-County — — — — — — — — — — — — — — — — — — —	8	income – on	-O		
		-		-	
3. Type of Statement (che		I No repor	table interests	s on any schedule	
Assuming Office/Initial Da	ate: 02,26,07	5. Verificat			
Annual: The period covered is				la dilipaga in accepta this	
through December 31, 2008.		statement. I I	nave reviewed	le diligence in preparing this I this statement and to the best	
O The period covered is December 31, 2008.	/, through	of my knowled attached sche		ation contained herein and in any and complete.	
Leaving Office Date Left: (Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
The period covered is Janua date of leaving office.	ary 1, 2008, through the	Date Signed	Lebru	4 17 2009 Year)	
-or-	regularitation			/ear)	
O The period covered is the date of leaving office.		Signature —			

(F) the originally signed statement with your filing official.)

SCHEDULE D Income - Gifts



▶ NAME OF SOURCE Medical Educational Services, Inc., PDN	▶ NAME OF SOURCE
ADDRESS P.O. BOX 664 Eau Claire, WI 54702-0664	ADDRESS
BUSINESS ACTIVITY, IF ANY. OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
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▶ NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY. OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
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▶ NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY. IF ANY. OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
Comments	
Comments:	

CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

Candidate

Election Year

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

	A Day	blic Document	:		
Please type or print in ink,	AIU	one Document	•		
NAME (LAST)	(FIRST)	(MIDDL	Ε)	DAYTIME TELEPHONE NUMBER	
ZITO	RENEE			(916) 445-1943	
MAILING ADDRESS STREET (May use business address)	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS	
1700 K Street	Sacramento	CA	95811	rzito@adp.ca.gov (916) 324-7338	
1. Office, Agency, or Cou		Cahadal			
Name of Office. Agency, or Court:		4. Schedule Summary ► Total number of pages including this cover page:			
Department of Alcohol & Drug Programs					
Division Board District if applicable Office of the Director	le)r	▶ Check applicable schedules or "No reportable interests."			
Your Position Director ▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency		I have disclosed interests on one or more of the attached schedules:			
		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership) Schedule A-2 Yes – schedule attached Investments (10% or greeter Ownership)			
					Position
2. Jurisdiction of Office (C	***************************************	and Travel Payme Schedule D	& Business ints) Yes -	- schedule attached Fositions (Income Other than Gifts - schedule attached	
County of		Income - Gifts Schedule E	Yes -	- schedule attached	
[] Multi-County		Income - Trave	ei Payments		
Other	erromagnam (Alica Nacy of Egy (1982) (1982) (1984) — 1964 (1984) er beta men rive stelle derindere mis errodinskenn sind att att att att att att att att att at	-or-)r-	
3. Type of Statement (Che	ck at least one box)	No reportable interests on any schedule			
	te 2 / 26 / 07	The contract con			
and the second s	ing milipolar	5. Verification	n		
Annual: The period covered is through December 31, 2008.	January 1, 2008.	I have used a	I have used all reasonable diligence in preparing this		
-O[-	Division Grand American	statement, I hav	e reviewed	this statement and to the best of	
O The period covered is/. December 31, 2008,	through	my knowledge the information contained herein and in any attached schedules is true and complete.			
Leaving Office Date Left://(Check one)		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
O The period covered is Januar date of leaving office.	y 1, 2008, through the	Date Signed	3/14	0/09	
-01-	Editive Eciatorie/pys	was wighted		are reason and the control of the co	
O The period covered is/. the date of leaving office.	/through	Signature			

For with your filing official)

SCHEDULE D Income - Gifts



▶ NAME OF SOURCE Medical Educational Services, Inc., PDN	NAME OF SOURCE ADDRESS			
ADDRESS P.O. Box 664 Eau Claire, WI 54702-0664				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY IF ANY OF SOURCE			
DATE (mm/dd/yy) VALUE · DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
12 11,08 s 188.00 Training/Program	Summer of the second se			
· Section of the sect	the state of the s			
▶ NAME OF SOURCE	NAME OF SOURCE			
ADDRESS	ADDRESS			
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY. IF ANY. OF SOURCE			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
\$	Secretarian de la companya del la companya de la co			
	• • • • • • • • • • • • • • • • • • •			
	S.			
NAME OF SOURCE	Verification			
ADDRESS	Print Name			
BUSINESS ACTIVITY. IF ANY. OF SOURCE	Office, Agency or Court			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(5)	Statement Type 2008/2009 Annual Assuming Leaving Gandidate			
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.			
annonania de la compania del la compania de la compania de la compania de la compania del la compania de la compania del la compania de la compania de la compania del la c	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
encounted instituted reservation. Surgeonian surgeon s	Date Signed			
	Signature			
Comments:				